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PTO/SB/22 (12-97)

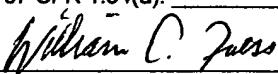
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) UCSD0-078-2									
<p>In re Application of Edward Dennis</p> <table border="1"><tr><td>Application Number</td><td>09/493,601</td><td>Filed 01/28/00</td></tr><tr><td colspan="3">For Human Lysophospholipase</td></tr><tr><td>Group Art Unit 1652</td><td>Examiner Saidha, T.</td><td></td></tr></table>			Application Number	09/493,601	Filed 01/28/00	For Human Lysophospholipase			Group Art Unit 1652	Examiner Saidha, T.	
Application Number	09/493,601	Filed 01/28/00									
For Human Lysophospholipase											
Group Art Unit 1652	Examiner Saidha, T.										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p>											
<p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p>											
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____									
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____									
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 920.00									
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____									
<input type="checkbox"/>	Five months (37 CFR 1.17 (a)(5))	\$ _____									
<input checked="" type="checkbox"/>	Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 460.00										
<p>A small entity statement under 37 CFR 1.27:</p>											
<input type="checkbox"/>	is enclosed.										
<input checked="" type="checkbox"/>	has already been filed in this application.										
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.										
<input type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.										
<input type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ . I have enclosed a duplicate copy of this sheet.										
<p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p>											
<input type="checkbox"/>	applicant.										
<input checked="" type="checkbox"/>	attorney or agent of record.										
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a).										
<p>Registration number if acting under 37 CFR 1.34(a). _____</p>											
01/25/02		 Signature									
Date											
William C. Fuess											
Typed or printed name											

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.